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23410 7590 04/17/2008

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*Jocelyn L. Lee*  
(Depositor's name)  
*GLS*  
(Signature)  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,086	10/10/2003	Kimball Young	03-255 US	3032

TITLE OF INVENTION: MULTI-ZONE BIPOLAR ABLATION PROBE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/17/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>I Vista IP Law Group LLP</i>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
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(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC  
SCIMED, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Michael S. Davidson

Date 7/15/08

Typed or printed name Michael S. Davidson

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